

## **Region 4 Behavioral Health Board Meeting**

March 12, 2020 Central District Health 2:00 – 4:00pm

Call in number: 1-855-291-0679

Meeting ID: 8547

Board attendees: Russell Salyards; Jen Burlage, Treasurer; Sanda Kuzeta-Cerimagic, Vice-Chair; Kim Keys; Laura Kiehl;

Christina Smith; Mary Pirnie; Steven Hogue; Monica Forbes, Secretary; Autumn Brechwald

Board attendees by phone: Sherry Maupin; Jake Wilson; Heather Burch; Suzanne McKinney,

Members of the public: Carly Doud, CDH; Laura Smith, CDH; Alicia Baptist; Marissa Evans; Venecia Andersen; Mallory

Kotze; Rena Lengalboch; Michelle Barker; LaDessa Foster

Members of the public by phone: Laurie Ferry

Time	Agenda Item	Presenter	Notes
2:00 – 2:10	Welcome and Call to Order;  Consent Agenda;  Quorum: 15 attendees  Introductions and Review of Mission	Sanda Kuzeta- Cerimagic, Vice- Chair	Meeting called to order at 11:03am. The mission was reviewed and introductions were made. Quorum was not met and therefore the consent agenda could not be approved.
2:10 - 2:35	and Vision;  Medicaid Request for Information	Venecia Andersen, Medicaid Office	Venecia Andersen with the Medicaid Office spoke to the board regarding an RFI that was sent out and closed in February. They only received responses from 27 people so they are now reaching out to stakeholder groups to provide feedback for improvements on programs and continuum of care.  There are five goals listed in the document:  1. Integrate inpatient and outpatient behavioral health services into a single comprehensive behavioral health plan that meets the needs of Idaho Medicaid participants in a coordinated and person-centered way.  2. Provide comprehensive behavioral health services in all areas of Idaho, including rural and frontier communities across the state.

- 3. Reduce emergency room visits, out of home placements, hospitalizations and readmissions for preventable behavioral health crises through providing a comprehensive continuum of care and care coordination model.
- 4. Improve the quality of behavioral health care services across the continuum of care.
- 5. Develop a data driven quality improvement system focused on improving member outcomes

Venecia and her team are open to any suggestions. They would like to get all the ideas together to propose to the federal government and see what they can do with it. There is an email at the bottom of the document where you can send feedback. Venecia and her team monitor this email.

MedicaidIBHP@dhw.idaho.gov

Jen Burlage stated that she has noticed a disconnect between inpatient and outpatient services, and would be in favor of having them both in the same contract. Right now, the outpatient provider in the community can't work with someone when they are in the hospital or in jails. Monica also echoed this thought. She stated that she has a teenager who has had 14 hospitilzations and there has been no communication between inpatient and outpatient providers, and this is something she is still seeing with the PEER Wellness Center clients.

Monica also stated that they are trying to acclimate to expansion but one of the recovery coaches stated that there isn't reimbursement for social detox. LaDessa Foster stated that residential providers have to be nationally accredited to accept social detox.

Kim asked if there has been any discussion to move to a PMP model instead of fee-for-services. Venecia stated they are actively having discussions but there hasn't been any experience in Idaho. Some states have their behavioral health services paid per month instead of by unit which allows providers to have more outreach and crisis response. Oregon has a great coordinated care model. The PMP model gives providers the freedom to go where they need to treat their client.

Venecia asked that everyone use the email provided (stated above) to provide any feedback regarding Medicaid and the RFI.

2:35 – 2:50	Partnership for Success Grant	Laura Smith, CDH	Laura updated the board that the Project Coordinator position for the Partnership for Success grant is open until Saturday and she is hoping to have someone hired by April.  Laura is currently working on the FY21 action plan and budgeting. She left a small pile of grant request forms that board members or members of the public can take. The SABG closes tomorrow and this will give us a chance to see who is funded by the grant as PFS funds are meant to focus on substance use and meth for the youth and veteran population. If anyone has any questions, please forward them to Laura or Carly.
2:50 – 2:55	Mental Health Awareness Month Award	Carly Doud, CDH	Carly let the board know that Mental Health Awareness Month is in May, and Empower Idaho is leading the campaign this year. They are asking all boards to nominate someone from their region and we need to have our nomination in by April. We don't need to decide on anything today, but Carly asked board members to think about this over the next month and we can choose someone during our April meeting.
2:55 – 3:05	IIBHN Conference Attendance & Volunteers	Carly Doud, CDH	As of now, the IIBHN Conference is moving forward but could change depending on COVID-19. Carly let the board members know that our sponsorship for the IIBHN conference allows the board to have unlimited registrations. The board also agreed that we would like to have a vendor table so Carly will send out a SignUp Genius for members to volunteer.
3:05 – 3:10	Board Openings	Sanda Kuzeta- Cerimagic, Vice- Chair	Carly reminded the board that every year, about six board member's terms expire. Carly has notified all board members whose terms will be ending and they can decide if they would like to reapply.
3:10 – 3:20			Governor Little, all five Idaho Supreme Court justices, and several legislative leaders established the new Idaho Behavioral Health Council which will be dedicated to improving behavioral health for Idahoans and involves all three branches of government. This is not redundant of the current State Planning Council that the BHBs create the Gaps & Needs for but is complimentary.
	Behavioral Health Council/SCR 126	Jen Burlage, Treasurer	<ul> <li>The council will consist of:</li> <li>The administrative director of the state courts, or a designee</li> <li>Idaho Department of Corrections director or designee</li> <li>Idaho Department of Health and Welfare director or designee</li> <li>Idaho Department of Juvenile Corrections director or designee</li> <li>A representative from the Idaho Department of Education</li> <li>One county elected official</li> </ul>

	Strategic Planning  • Public comment  • Guests  • Facilitator  • Future meeting(s)	Carly Doud, CDH	<ul> <li>Two members of the public (one appointed by the Governor, one appointed by the Chief Justice)</li> <li>One presiding judge of a treatment court</li> <li>One member of the House of Representatives appointed by the Speaker of the House</li> <li>One member of the House of Representatives appointed by the minority leader of the House</li> <li>One senator appointed by the President Pro Tempore of the Senate</li> <li>One senator appointed by the minority leader of the Senate</li> <li>The board decided that since the board is going through a transition phase with potentially new board members and Executive Committee nominations coming up, that it is best to postpone our strategic planning until August or September. We will look into the option of bringing in someone to facilitate the session as it gets closer.</li> </ul>
3:55 – 4:00	Announcements:  • Social Hour – Café Ole Agenda Items; Wrap-up	All	There is a board social hour after the meeting at Café Ole.  Meeting adjourned at 3:49pm.

Next scheduled board meeting: April 9, 2020 11:00am – 1:00pm



## Region 4 Behavioral Health Board

**Mission:** We improve behavioral health by developing solutions

with our communities.

**Vision:** An integrated health system accessible to everyone

**Values:** Respect – We value all perspectives.

Progressive – We move forward. Integrity – We do the right thing.

Innovative - We are open to new ideas.

Transparent – We clearly show what we do and why

we do it.

## **Strategic Planning Goals**

**Improve** continuity of care through education and awareness. **Educate** and inform policymakers on statutes that inhibit care.